FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1223	551
OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respon	nse 16.00

SE	C USE	ONLY
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UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
NAVIGATE CAPITAL PARTNERS, L.P. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	1884 (618 11186 11118 1281) ABBIN AND AND AND AND AND AND AND AND AND AN
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	04021504
NAVIGATE CAPITAL PARTNERS, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
8445 KEYSTONE CROSSING BLVD. Ste 240 INDRES., IN 46240	317-217-1337
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
PRIVATE INVESTMENT COMPANY	PROCESSED
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	please specify): APR 01 2004
Month Year Actual or Estimated Date of Incorporation or Organization: O O	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report hereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

		(), z	A. BASIC ID	ENTI	FICATIONDATA				
2. Enter the information re-	•		_				, •		,
•			as been organized w						
									ss of equity securities of the issuer.
	*	•		corpo	orate general and ma	naging	g partners o	f partn	ership issuers; and
Each general and m	ianaging partner o	f partr	iership issuers.						
Check Box(es) that Apply:	Promoter		Beneficial Owner	×	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)		 						
HUFFORD, 10 Business or Residence Addres	DD (Number and	Ciraci	City State 7in Co	(da)					,
		_			100 C 181	ui.	2110		
B445 KEYSTONE Check Box(es) that Apply:	Promoter		D. Stc. 290 Beneficial Owner		NDPUS., IN Executive Officer	702	Director		General and/or
Check Box(cs) that Apply.		L	Deliciteral Owner		Excedite Officer		Director		Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	S (Number and	Street	City, State, Zip Co	ide)					<u> </u>
Busiless of Residence Address	is (Number and	ou cci,	eny, state, zip ee	,40)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and	Street,	City, State, Zip Co	de)					
					·		·		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Address	s (Number and	Street,	City, State, Zip Co	de)	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Address	(Number and	Street	City, State, Zip Co	de)	<u> </u>				
Dustriess of Residence Address	ss (wanted and	on cot,	city, state, zip co	шс)					
Check Box(es) that Apply:	Promoter.		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)		·						
Business or Residence Address	ss (Number and	Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter .		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	findividual)				<u> </u>				
Business or Residence Address	ss (Number and	Street,	City, State, Zip Co	de)		 .,		_ 	

					B. I	NFORMAT	ION ABOI	T OFFER	ING				KREFT SE
1.	Has the	issuer sold	lordoest	he issuer i	ntend to se	ell to non-s	accredited	investors i	n this offer	ring?		Yes X	No
••			., 0. 4005 .			n Appendix				_	••••••		. 🔲 .
2.	What is	the minim	um investr	nent that v	vill be acce	epted from	any indivi	dual?				s_25	0.000 00
	Su	plect t	o waiv	er by	GENE	eac Pa	RTNER	<u>.</u>				Yes	No
3.													
4.											directly, any the offering		
	If a pers	son to be lis	ted is an as	sociated pe	erson or ago	ent of a brol	ker or deale	er registere	d with the S	SEC and/or	r with a state	e	
		s, list the na r or dealer,								ociated per	sons of such	1	
Ful		Last name i	<u> </u>			`							
			·	·					-	•			
Bus	siness or	Residence.	Address (N	lumber and	d Street, C.	ity, State, 2	Zip Code)						
Nar	ne of As	sociated Br	oker or De	aler						· 	· <u> </u>	- <u>-</u>	
Eta:	too in Wi	nich Person	Listed Ha	- Caliaitad	or Intends	to Colinit	Durchagar						
Sia		"All States										□ A1	l States
	AL	AK	IA	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
•	MT	NE NE	NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	1 Name (Last name :	first if ind	ividual)		· · · · · · · · · · · · · · · · · · ·	 			-			
, ui	ı ıvanıc (Last name	inst, ii ind	ividual)						•			
Bu	siness or	Residence	Address ()	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated Br	oker or De	aler	· -								
						- · · · · · · · · · · · · · · · · · · ·							
Sta		nich Person											
	(Check	"All States	" or check	individual	States)					***************************************		☐ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC.	ND	OH)	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV]	WI	WY	PR
Ful	ll Name (Last name	first, if ind	ividual)		*							•
Bu	siness or	Residence	Address ()	Number an	d Street, C	ity, State,	Zip Code)						
Na	me of As	sociated Br	oker or De	aler		•							
Sta	ites in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				<u> </u>		
		"All States							***************************************	•••••••		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI.	ĪD
				KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	R1	SC	SD	TN	TX	UT	∇T	VA	WA	WV	WI	\overline{WY}	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	•		
	Type of Security	Aggregate Offering Prin		Amount Aiready Sold
	Debt			
	Equity	3		\$
	Common Preferred			
٠.	Convertible Securities (including warrants))		\$
	Partnership Interests			\$
	Other (Specify)	<u></u>		\$
	Total			\$
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.,	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	_2		s 705,000 · 2
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A			\$
	Rule 504	· .	_	\$
	Total	<u></u>	_	.\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees			\$ 11,292.00
	Accounting Fees			\$ 9.750.00
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)		_	\$
	Total	•		\$21 142 .00

C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND I	SE OF PROCEEDS	
and total expenses furnished in response to Part	offering price given in response to Part C — Qu C — Question 4.a. This difference is the "adjus	ted gross	\$
each of the purposes shown. If the amount i	ess proceed to the issuer used or proposed to be for any purpose is not known, furnish an estimutal of the payments listed must equal the adjust of Part C — Question 4.b above.	nate and	
		Payments to Officers, Directors, & Affiliates	Others
Purchase of real estate			_ 🗆 \$
Purchase, rental or leasing and installation of	f machinery		□\$
	d facilities		-
Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)			s
Repayment of indebtedness		🗀 \$	
Working capital			
Other (specify):	 	🗆 \$	_ \$
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed being a turn constitutes an undertaking by the issuer the information furnished by the issuer to any not	by the undersigned duly authorized person. If the to furnish to the U.S. Securities and Exchange	is notice is filed under R Commission, upon writt	ule 505, the following
ssuer (Print or Type) NAVIGATE CAPITAL PARNERS	Signature A H.ID. O	Date 3/22/04	•/
Name of Signer (Print or Type)	Title of Signer (Print or Type)	100000	7
TODO A. Hufford	Manager of General	Partner	
	0	:	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	ls any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
	See Appendix, Column 5, for state response.		•

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
NAVIGATE CAPITAL PARTNERSU	Too A. Hellow	3/22/04
Name (Print or Type)	Title (Print or Type)	
TODD A. Hufford	Manager of General	Partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 3 . 2 4 5 1 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors Yes No State Amount Amount AL AK ΑZ AR CA CO CT DE DC FLGA HI ID ILIN325,000.∞ ΙA KS ΚY LA ΜE MD MA MI MN MS

				APP	ENDIX				
1	Intend to non-a investor	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО							·		
MT							·	· .	
NE									
NV									
NH									
NJ			,				,		
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN							· · · · · · · · · · · · · · · · · · ·		
TX					,				
UT			·						
VT							_		
VA									
WA									
WV									
WI			·						
	·						1		

1	to non-a	d to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				under St (if yes, explan	ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		*:				·			
PR						,			